

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

TEXAS SPINE AND JOINT HOSPITAL PAC

ADDRESS (number and street)

1814 ROSELAND BLVD

☐ Check if different than previously reported. (ACC)

TYLER

TX

75701

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00437525

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☒ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
01 01 2015

through

M M M / D D D / Y Y Y Y Y Y  
03 31 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer ANTHONY WAHL

Signature of Treasurer

ANTHONY WAHL

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
04 10 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

TEXAS SPINE AND JOINT HOSPITAL PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		<span style="border: 1px solid black; padding: 2px;">16011.94</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">16011.94</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">14544.00</span>	<span style="border: 1px solid black; padding: 2px;">14544.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">30555.94</span>	<span style="border: 1px solid black; padding: 2px;">30555.94</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">1500.00</span>	<span style="border: 1px solid black; padding: 2px;">1500.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">29055.94</span>	<span style="border: 1px solid black; padding: 2px;">29055.94</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	12188.00	12188.00
(ii) Unitemized .....	2356.00	2356.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	14544.00	14544.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	14544.00	14544.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	14544.00	14544.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	14544.00	14544.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	1500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1500.00	1500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1500.00	1500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	14544.00	14544.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14544.00	14544.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

## **A. TIMOTHY BECK**

Mailing Address 9132 CHEROKEE TRAIL

City State Zip Code  
 TYLER TX 75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015

Transaction ID : SA11AI.6213

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. TROY CALLENDER**

Mailing Address 3413 GOLDEN ROAD

City State Zip Code  
 TYLER TX 75701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 09 / 2015

Transaction ID : SA11AI.6186

Amount of Each Receipt this Period

111.00

Full Name (Last, First, Middle Initial)

## **C. TROY CALLENDER**

Mailing Address 3413 GOLDEN ROAD

City State Zip Code  
 TYLER TX 75701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015

Transaction ID : SA11AI.6216

Amount of Each Receipt this Period

111.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

322.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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PAGE 7 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

**A. AARON CALODNEY**

Mailing Address 17909 CR 132

City  
FLINT

State  
TX

Zip Code  
75762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

01 / 15 / 2015

Transaction ID : SA11AI.6125

Amount of Each Receipt this Period

294.00

Full Name (Last, First, Middle Initial)

**B. AARON CALODNEY**

Mailing Address 17909 CR 132

City  
FLINT

State  
TX

Zip Code  
75762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.00

Date of Receipt

02 / 09 / 2015

Transaction ID : SA11AI.6160

Amount of Each Receipt this Period

294.00

Full Name (Last, First, Middle Initial)

**C. AARON CALODNEY**

Mailing Address 17909 CR 132

City  
FLINT

State  
TX

Zip Code  
75762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

02 / 27 / 2015

Transaction ID : SA11AI.6192

Amount of Each Receipt this Period

294.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

882.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 8 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

**A. JOHN CAMP**

Mailing Address 606 CUMBERLAND ROAD

City State Zip Code  
 TYLER TX 75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

01 / 15 / 2015

Transaction ID : SA11AI.6145

Amount of Each Receipt this Period

214.00

Full Name (Last, First, Middle Initial)

**B. JOHN CAMP**

Mailing Address 606 CUMBERLAND ROAD

City State Zip Code  
 TYLER TX 75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

428.00

Date of Receipt

02 / 09 / 2015

Transaction ID : SA11AI.6181

Amount of Each Receipt this Period

214.00

Full Name (Last, First, Middle Initial)

**C. JOHN CAMP**

Mailing Address 606 CUMBERLAND ROAD

City State Zip Code  
 TYLER TX 75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

642.00

Date of Receipt

02 / 27 / 2015

Transaction ID : SA11AI.6211

Amount of Each Receipt this Period

214.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

642.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 25  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

## **A. STUART CRUTCHFIELD**

Mailing Address 2066 CANBERRA COURT

City State Zip Code  
 TYLER TX 75701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.00

Date of Receipt

01 / 15 / 2015

Transaction ID : SA11AI.6126

Amount of Each Receipt this Period

298.00

Full Name (Last, First, Middle Initial)

## **B. STUART CRUTCHFIELD**

Mailing Address 2066 CANBERRA COURT

City State Zip Code  
 TYLER TX 75701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

596.00

Date of Receipt

02 / 09 / 2015

Transaction ID : SA11AI.6161

Amount of Each Receipt this Period

298.00

Full Name (Last, First, Middle Initial)

## **C. STUART CRUTCHFIELD**

Mailing Address 2066 CANBERRA COURT

City State Zip Code  
 TYLER TX 75701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

894.00

Date of Receipt

02 / 27 / 2015

Transaction ID : SA11AI.6193

Amount of Each Receipt this Period

298.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

894.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 10 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

**A. GUY DANIELSON**

Mailing Address 16950 FM 2661

City  
FLINT

State  
TX

Zip Code  
75762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2015

Transaction ID : SA11AI.6194

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

**B. ROBERT DENNIS**

Mailing Address 1008 WILDER WOOD

City  
TYLER

State  
TX

Zip Code  
75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 15 / 2015

Transaction ID : SA11AI.6129

Amount of Each Receipt this Period

271.00

Full Name (Last, First, Middle Initial)

**C. ROBERT DENNIS**

Mailing Address 1008 WILDER WOOD

City  
TYLER

State  
TX

Zip Code  
75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

542.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2015

Transaction ID : SA11AI.6163

Amount of Each Receipt this Period

271.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

625.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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PAGE 11 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

## **A. ROBERT DENNIS**

Mailing Address 1008 WILDER WOOD

City State Zip Code  
 TYLER TX 75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

813.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 27 / 2015

Transaction ID : SA11AI.6195

Amount of Each Receipt this Period

271.00

Full Name (Last, First, Middle Initial)

## **B. PAUL DETWEILER**

Mailing Address 3635 CANYON CREEK CIRCLE

City State Zip Code  
 TYLER TX 75707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 15 / 2015

Transaction ID : SA11AI.6130

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

## **C. PAUL DETWEILER**

Mailing Address 3635 CANYON CREEK CIRCLE

City State Zip Code  
 TYLER TX 75707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 09 / 2015

Transaction ID : SA11AI.6164

Amount of Each Receipt this Period

225.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

721.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

## **A. PAUL DETWEILER**

Mailing Address 3635 CANYON CREEK CIRCLE

City State Zip Code  
TYLER TX 75707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2015

Transaction ID : SA11AI.6196

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

## **B. KIM FOREMAN**

Mailing Address 107 BELMEAD LANE

City State Zip Code  
TYLER TX 75701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2015

Transaction ID : SA11AI.6182

Amount of Each Receipt this Period

106.00

Full Name (Last, First, Middle Initial)

## **C. KIM FOREMAN**

Mailing Address 107 BELMEAD LANE

City State Zip Code  
TYLER TX 75701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2015

Transaction ID : SA11AI.6212

Amount of Each Receipt this Period

106.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

437.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

## **A. HOWARD GARB**

Mailing Address 3414 GOLDEN ROAD

City State Zip Code  
 TYLER TX 75701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 09 / 2015

Transaction ID : SA11AI.6187

Amount of Each Receipt this Period

102.00

Full Name (Last, First, Middle Initial)

## **B. HOWARD GARB**

Mailing Address 3414 GOLDEN ROAD

City State Zip Code  
 TYLER TX 75701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015

Transaction ID : SA11AI.6217

Amount of Each Receipt this Period

102.00

Full Name (Last, First, Middle Initial)

## **C. GARY GOODFRIED**

Mailing Address 19140 FALLS CREEK

City State Zip Code  
 FLINT TX 75762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 15 / 2015

Transaction ID : SA11AI.6132

Amount of Each Receipt this Period

287.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

491.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

## **A. GARY GOODFRIED**

Mailing Address 19140 FALLS CREEK

City  
FLINT

State  
TX

Zip Code  
75762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

574.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2015

Transaction ID : SA11AI.6165

Amount of Each Receipt this Period

287.00

Full Name (Last, First, Middle Initial)

## **B. GARY GOODFRIED**

Mailing Address 19140 FALLS CREEK

City  
FLINT

State  
TX

Zip Code  
75762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

861.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2015

Transaction ID : SA11AI.6197

Amount of Each Receipt this Period

287.00

Full Name (Last, First, Middle Initial)

## **C. CHARLES GORDON**

Mailing Address 7302 HOLLYTREE DRIVE

City  
TYLER

State  
TN

Zip Code  
75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 15 / 2015

Transaction ID : SA11AI.6133

Amount of Each Receipt this Period

304.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

878.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

**A. CHARLES GORDON**

Mailing Address 7302 HOLLYTREE DRIVE

City

TYLER

State

TN

Zip Code

75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

608.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2015

Transaction ID : SA11AI.6166

Amount of Each Receipt this Period

304.00

Full Name (Last, First, Middle Initial)

**B. CHARLES GORDON**

Mailing Address 7302 HOLLYTREE DRIVE

City

TYLER

State

TN

Zip Code

75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

912.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2015

Transaction ID : SA11AI.6198

Amount of Each Receipt this Period

304.00

Full Name (Last, First, Middle Initial)

**C. THOMAS GRAHAM**

Mailing Address 533 WILDER WAY

City

TYLER

State

TN

Zip Code

75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 15 / 2015

Transaction ID : SA11AI.6134

Amount of Each Receipt this Period

294.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

902.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

**A. THOMAS GRAHAM**

Mailing Address 533 WILDER WAY

City

TYLER

State

TN

Zip Code

75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.00

Date of Receipt

02 / 09 / 2015

Transaction ID : SA11AI.6167

Amount of Each Receipt this Period

294.00

Full Name (Last, First, Middle Initial)

**B. THOMAS GRAHAM**

Mailing Address 533 WILDER WAY

City

TYLER

State

TN

Zip Code

75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

02 / 27 / 2015

Transaction ID : SA11AI.6199

Amount of Each Receipt this Period

294.00

Full Name (Last, First, Middle Initial)

**C. DUANE GRIFFITH**

Mailing Address 7113 TURNBERRY CIRCLE

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

02 / 27 / 2015

Transaction ID : SA11AI.6220

Amount of Each Receipt this Period

85.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

673.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

## **A. JAMES HARRIS**

Mailing Address 9243 CHISHOLM TRAIL

City State Zip Code  
 TYLER TX 75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015

Transaction ID : SA11AI.6200

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. STEUART HEATON**

Mailing Address 3413 GOLDEN ROAD

City State Zip Code  
 TYLERT TX 75701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015

Transaction ID : SA11AI.6215

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

## **C. JEFF HUNTER**

Mailing Address 3415 GOLDEN ROAD

City State Zip Code  
 TYLER TX 75701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015

Transaction ID : SA11AI.6218

Amount of Each Receipt this Period

83.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

266.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 25  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

**A. MATT JONES**

Mailing Address 3414 GOLDEN ROAD

City State Zip Code  
 TYLER TX 75701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015

Transaction ID : SA11AI.6214

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

**B. JAMES MICHAELS**

Mailing Address 2013 HOLLY CREEK DR.

City State Zip Code  
 TYLER TX 75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 15 / 2015

Transaction ID : SA11AI.6136

Amount of Each Receipt this Period

296.00

Full Name (Last, First, Middle Initial)

**C. JAMES MICHAELS**

Mailing Address 2013 HOLLY CREEK DR.

City State Zip Code  
 TYLER TX 75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

592.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 09 / 2015

Transaction ID : SA11AI.6170

Amount of Each Receipt this Period

296.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

675.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

**A. JAMES MICHAELS**

Mailing Address 2013 HOLLY CREEK DR.

City State Zip Code  
 TYLER TX 75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

888.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015

Transaction ID : SA11AI.6201

Amount of Each Receipt this Period

296.00

Full Name (Last, First, Middle Initial)

**B. JOHN PRIDDY**

Mailing Address 17950 TIMOTHY CT.

City State Zip Code  
 TYLER TX 75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 09 / 2015

Transaction ID : SA11AI.6180

Amount of Each Receipt this Period

144.00

Full Name (Last, First, Middle Initial)

**C. JOHN PRIDDY**

Mailing Address 17950 TIMOTHY CT.

City State Zip Code  
 TYLER TX 75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015

Transaction ID : SA11AI.6210

Amount of Each Receipt this Period

144.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

584.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

## **A. TODD RAABE**

Mailing Address 16987 FM 756

City  
WHITEHOUSE

State Zip Code  
TX 75791

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 15 / 2015

Transaction ID : SA11AI.6137

Amount of Each Receipt this Period

376.00

Full Name (Last, First, Middle Initial)

## **B. TODD RAABE**

Mailing Address 16987 FM 756

City  
WHITEHOUSE

State Zip Code  
TX 75791

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

752.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2015

Transaction ID : SA11AI.6172

Amount of Each Receipt this Period

376.00

Full Name (Last, First, Middle Initial)

## **C. TODD RAABE**

Mailing Address 16987 FM 756

City  
WHITEHOUSE

State Zip Code  
TX 75791

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1128.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2015

Transaction ID : SA11AI.6202

Amount of Each Receipt this Period

376.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1128.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

## **A. MARK RENFRO**

Mailing Address 2737 OLD BULLARD ROAD

City State Zip Code  
 TYLER TX 75701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 15 / 2015

Transaction ID : SA11AI.6138

Amount of Each Receipt this Period

237.00

Full Name (Last, First, Middle Initial)

## **B. MARK RENFRO**

Mailing Address 2737 OLD BULLARD ROAD

City State Zip Code  
 TYLER TX 75701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

474.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 09 / 2015

Transaction ID : SA11AI.6173

Amount of Each Receipt this Period

237.00

Full Name (Last, First, Middle Initial)

## **C. MARK RENFRO**

Mailing Address 2737 OLD BULLARD ROAD

City State Zip Code  
 TYLER TX 75701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

711.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015

Transaction ID : SA11AI.6203

Amount of Each Receipt this Period

237.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

711.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 25  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

**A. MICHAEL RUSSELL**

Mailing Address 5930 BRIKWORTH

City State Zip Code  
 TYLER TX 75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 15 / 2015

Transaction ID : SA11AI.6139

Amount of Each Receipt this Period

280.00

Full Name (Last, First, Middle Initial)

**B. MICHAEL RUSSELL**

Mailing Address 5930 BRIKWORTH

City State Zip Code  
 TYLER TX 75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 09 / 2015

Transaction ID : SA11AI.6174

Amount of Each Receipt this Period

280.00

Full Name (Last, First, Middle Initial)

**C. MICHAEL RUSSELL**

Mailing Address 5930 BRIKWORTH

City State Zip Code  
 TYLER TX 75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015

Transaction ID : SA11AI.6204

Amount of Each Receipt this Period

280.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

840.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

## **A. WILLIAM SCHREIBER**

Mailing Address 6407 HOLLYTREE CIRCLE

City State Zip Code  
 TYLER TN 75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 27 2015

Transaction ID : SA11AI.6206

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

## **B. JERRY SCHWARZBACH**

Mailing Address 8304 COLUMBIA DRIVE

City State Zip Code  
 TYLER TX 75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 27 2015

Transaction ID : SA11AI.6208

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. CLAIRE TIBILETTI**

Mailing Address 16690 DRIFTWOOD

City State Zip Code  
 TYLER TX 75707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 09 2015

Transaction ID : SA11AI.6179

Amount of Each Receipt this Period

167.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

**A. CLAIRE TIBILETTI**

Mailing Address 16690 DRIFTWOOD

City  
TYLER

State  
TX

Zip Code  
75707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2015

Transaction ID : SA11AI.6209

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

167.00

12188.00



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 OF 25

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

**A. MICHAEL D CRAPO**

Mailing Address

City  
BOISE

State  
ID

Zip Code  
83701

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☒ Senate  
☐ President  
 State: ID District: 00

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
 02 / 18 / 2015

**Transaction ID : SB23.6224**

Amount of Each Disbursement this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
 State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
 State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

1500.00